COEECE ST. CO.								
TRANS	TRANSMITTAL FORM (to be used for all correspondence after initial filing)			10/532,636				
				April 21, 2005				
(to be used for all	correspondence and	r muai ming)	First Named Inventor	Kenichi Matsui				
			Art Unit					
		<u>-</u>	Examiner Name					
Total Number of	Pages in This Submission	7	Attorney Docket Number	96790P487				
ENCLOSURES (check all that apply)								
Extension of Tim	hed esponse Il /declaration(s) he Request hment Request losure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): return postcard				
Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks OF APPLICAN	IT, ATTORNEY, OR AG					
Firm		•						
or Individual name								
Signature		Ecch						

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Kumiko Alexander Signature Date 7/27/05

Date

10 0	9								
FEE TRANSMITTAL					Complete if Known				
for FY 2005					Application Number		10/532,636		
10.1.2000			Filing Date First Named Inver		oril 21, 200:				
Patent fees are subject to annual revision.			Examiner Name	itor Ke	nichi Matsu	11			
Applicant claims small entity status. See 37 CFR 1.27.					Art Unit				
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docket N	o. 967	790P487			
МЕТНО	O OF PAY	MENT (c	heck all	that apply)					
☐ Check ☐	Credit c	ard 🔲 M	Ioney O	rder None 🔲	Other (please iden	tify):			
Deposit A	Account I	Deposit A	count l	Number: <u>02-2666</u>	Deposit Account	Name: Blakely,	Sokoloff, Ta	ylor & Zafman LLP	
For the	above-ide	ntified der	osit acc	count, the Director is l	hereby authorized	to: (check all th	at apply)		
☐ Ch	arge fee(s)) indicated	below		☐ Charge			for the filing fee	
				underpayment of fee	(s) 🛮 X Credit a	iny overpayment	S		
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.									
FEE CALCU	LATION								
Large Eı	ntity	Small	Entity	•)					
Fee	Fee	Fee							
Code	(\$)	Code		Fee Description				Fee Paid	
1051	130	2051	65	Surcharge - late filing fee or oath					
1052	50	2052		Surcharge - late provisional filing fee or cover sheet.				et	
2053	130	2053		Non-English specification				Ct.	
1251	120	2251	60						
1252	450	2252		Extension for reply within first month					
1252	1,020	2253		Extension for reply within second month					
	-			Extension for reply within third month					
1254	1,590	2254		Extension for reply within fourth month					
1255	2,160	2255		Extension for reply within fifth month					
1401	500	2401	250	Notice of Appe	Notice of Appeal				
1402	500	2402	250	Filing a brief in support of an appeal					
1403	1,000	2403	500	Request for oral hearing					
1451	1,510	2451	1,510	Petition to institute a public use proceeding					
1460	130	2460		Petitions to the Commissioner					
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)					
1806	180	1806		Submission of Information Disclosure Stmt					
1809	790	1809		Filing a submission after final rejection (37 CFR § 1.129(a))					
1810	790	2810		For each additional invention to be examined (37 CFR § 1.129(a))					
Other fee (specify)									
						SUB	TOTAL (2) (\$)	
SUBMITTE	DBY						Comp	plete (if applicable)	
Name (Print/Ty	pe) Fric	S Hyma	n /		Registration No.	30.139	Telephone	(310) 207-3800	

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800	
Signature	Cuty			Date	1/1405	